



Product-Plan Data Collection

Company Legal Name:

UNITEDHEALTHCARE INSURANCE COMPANY

HIOS Issuer ID:

28773

Effective Date of Rate Change(s):

1/1/2016

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		KY POS 001 Plans			KY IND 001 Plans
Product ID:		28773KY001			28773KY005
Metal:		Catastrophic	Gold	Gold	Gold
AV Metal Value		0.000	0.796	0.783	0.789
AV Pricing Value		0.000	0.922	0.010	1.921
Plan Type:		POS	POS	POS	Indemnity
Plan Name		Terminated Products	6L9	Terminated GMM	ACTH
Plan ID (Standard Component ID):		28773KY0010000	28773KY0010002	28773KY0010001	28773KY0050001
Exchange Plan?		No	No	No	No
Historical Rate Increase - Calendar Year - 2		0.00%			0.00%
Historical Rate Increase - Calendar Year - 1		-2.60%			0.00%
Historical Rate Increase - Calendar Year 0		2.80%			0.00%
Effective Date of Proposed Rates		1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)		0.00%	1.88%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	3.78%	0.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)		0.00%	0.00%	-100.00%	0.00%
Product Threshold Rate Increase %		3.78%			0.00%

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	28773KY0010000	28773KY0010002	28773KY0010001	28773KY0050001
Inpatient	\$0.00	\$0.00	\$14.86	\$0.00	\$0.00
Outpatient	\$0.00	\$0.00	\$8.00	\$0.00	\$0.00
Professional	\$0.00	\$0.00	\$3.34	\$0.00	\$0.00
Prescription Drug	\$0.00	\$0.00	\$2.27	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.02	\$0.00	\$0.00
Capitation	\$0.00	\$0.00	\$0.16	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$14.38	\$0.00	\$0.00
Taxes & Fees	\$0.00	\$0.00	\$10.07	\$0.00	\$0.00

Risk & Profit Charge	\$0.00	\$0.00	\$0.97	\$0.00	\$0.00
Total Rate Increase	\$0.00	\$0.00	\$54.07	\$0.00	\$0.00
Member Cost Share Increase	\$0.00	\$0.00	\$3.72	\$0.00	\$0.00

Average Current Rate PMPM	\$417.27	\$0.00	\$446.82	\$0.00	\$0.00
Projected Member Months	756	0	706	0	50

ction III: Experience Period Information

Plan ID (Standard Component ID):	Total	28773KY0010000	28773KY0010002	28773KY0010001	28773KY0050001
Plan Adjusted Index Rate	\$0.00	\$0.00	\$0.00	\$474.27	\$0.00
Member Months	3,049	3,049	0	0	0
Total Premium (TP)	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	#DIV/0!	100.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TP that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	#DIV/0!	0.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$1,019,962	\$1,019,962	\$0	\$0	\$0
EHB Percent of TAC, [see instructions]	100.00%	100.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:	\$231,627	\$231,627	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%			
Total Incurred claims, payable with issuer funds	\$788,335	\$788,335	\$0	\$0	\$0
Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims PMPM	\$258.56	\$258.56	\$0.00	\$0.00	\$0.00
Allowed Claims PMPM	\$334.52	\$334.52	\$0.00	\$0.00	\$0.00
EHB portion of Allowed Claims, PMPM	\$334.52	\$334.52	\$0.00	\$0.00	\$0.00

ation IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	28773KY0010000	28773KY0010002	28773KY0010001	28773KY0050001
Plan Adjusted Index Rate	\$536.77	\$0.00	\$500.89	\$0.00	\$1,043.49
Member Months	756	-	706	-	50
Total Premium (TP)	\$405,801	\$0	\$353,627	\$0	\$52,174
EHB Percent of TP, [see instructions]	100.00%	0.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	100.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$381,622	\$0	\$334,565	\$0	\$47,057
EHB Percent of TAC, [see instructions]	100.00%	0.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	100.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$97,042	\$0	\$86,573	\$0	\$10,468
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$284,580	\$0	\$247,991	\$0	\$36,589
Net Amt of Rein	-\$1,701	\$0	-\$1,589	\$0	-\$113
Net Amt of Risk Adj	-\$5,440	\$0	-\$5,080	\$0	-\$360

State: **KY**  
Market: **Small Group**





